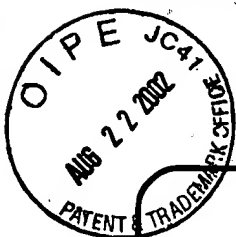


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Please type a plus sign (+) inside this box → **+****TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **9**

| | |
|------------------------|----------------------|
| Application Number | 09/910,186 |
| Filing Date | July 20, 2001 |
| First Named Inventor | Leonard Smith et al. |
| Group Art Unit | 1645 |
| Examiner Name | Portner, Virginia A. |
| Attorney Docket Number | A33636-A 067252.0107 |

ENCLOSURES (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
|--|--|--|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|-------------------------|--|
| Firm or Individual name | BakerBotts LLP 30 Rockefeller Plaza New York, NY 10112 |
| Signature | <i>Rochelle K. Seide</i> Att Name: Rochelle K. Seide PTO Reg: 32,300 |
| Date | August 19, 2002 |

CERTIFICATE OF MAILINGI hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: **August 19, 2002**

| | |
|-----------------------|--------------------------|
| Typed or printed name | Rochelle K. Seide |
| Signature | <i>Rochelle K. Seide</i> |
| Date | August 19, 2002 |



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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 0

Complete if Known

| | |
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METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:
- Deposit Account Number **02-4377**
- Deposit Account Name **Baker Botts LLP**
- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27
2. ☐ **Payment Enclosed:**
- ☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

| 1. BASIC FILING FEE | | | |
|---------------------|--------------|------------------------|----------|
| Large Entity | Small Entity | Fee Description | Fee Paid |
| Fee (\$) | Fee (\$) | | |
| 740 | 370 | Utility filing fee | |
| 330 | 165 | Design filing fee | |
| 510 | 255 | Plant filing fee | |
| 740 | 370 | Reissue filing fee | |
| 160 | 80 | Provisional filing fee | |
| SUBTOTAL (1) | | | (\$ 0) |

| 2. EXTRA CLAIM FEES | | | |
|---------------------------|--------------|--|----------|
| Total Claims | Extra Claims | Fee from below | Fee Paid |
| | 20 ** = 0 | X | = 0 |
| Independent Claims | 3 ** = 0 | X | = 0 |
| Multiple Dependent | | | |
| Large Entity Small Entity | | Fee Description | |
| Fee (\$) | Fee (\$) | | |
| 18 | 9 | Claims in excess of 20 | |
| 84 | 42 | Independent claims in excess of 3 | |
| 280 | 140 | Multiple dependent claim, if not paid | |
| 84 | 42 | ** Reissue independent claims over original patent | |
| 18 | 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | | (\$ 0) |

***or number previously paid, if greater; For Reissues, see above*

FEE CALCULATION (continued)

| 3. ADDITIONAL FEES | | | |
|---------------------------|--------------|--|----------|
| Large Entity | Small Entity | Fee Description | Fee Paid |
| Fee (\$) | Fee (\$) | | |
| 130 | 65 | Surcharge - late filing fee or oath | |
| 50 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 130 | 130 | Non-English specification | |
| 2,520 | 2,520 | For filing a request for <i>ex parte</i> reexamination | |
| 920* | 920* | Requesting publication of SIR prior to Examiner action | |
| 1,840* | 1,840* | Requesting publication of SIR after Examiner action | |
| 110 | 55 | Extension for reply within first month | |
| 400 | 200 | Extension for reply within second month | |
| 920 | 460 | Extension for reply within third month | |
| 1,440 | 720 | Extension for reply within fourth month | |
| 1,960 | 980 | Extension for reply within fifth month | |
| 320 | 160 | Notice of Appeal | |
| 320 | 160 | Filing a brief in support of an appeal | |
| 280 | 140 | Request for oral hearing | |
| 1,510 | 1,510 | Petition to institute a public use proceeding | |
| 110 | 55 | Petition to revive - unavoidable | |
| 1,280 | 640 | Petition to revive - unintentional | |
| 1,280 | 640 | Utility issue fee (or reissue) | |
| 460 | 230 | Design issue fee | |
| 620 | 310 | Plant issue fee | |
| 130 | 130 | Petitions to the Commissioner | |
| 50 | 50 | Processing fee under 37 CFR 1.17(q) | |
| 180 | 180 | Submission of Information Disclosure Stmt | |
| 40 | 40 | Recording each patent assignment per property (times number of properties) | |
| 740 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 740 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 740 | 370 | Request for Continued Examination (RCE) | |
| 900 | 900 | Request for expedited examination of a design application | |
| Other fee (specify) _____ | | | |
| SUBTOTAL (3) | | | (\$ 0) |

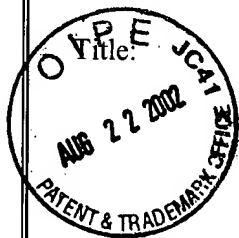
**Reduced by Basic Filing Fee Paid*

| | | | |
|---------------------|--------------------------|-----------------------------------|-----------------|
| SUBMITTED BY | | Complete (if applicable) | |
| Name (Print/Type) | Rochelle K. Seide | Registration No. (Attorney/Agent) | 32,300 |
| Signature | <i>Rochelle K. Seide</i> | Telephone | (212) 408-2500 |
| | | Date | August 19, 2002 |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

BAKER BOTTS LLP

Attorney Docket Number: A33636-A 067252.0107



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